DO NOT MAIL THIS FORM

Department of
Licenses and Inspections
CITY OF PHILADELPHIA

Smoke Control Certification Form

Use this form to provide results and certify the smoke control testing performed. Submit one certification for each system.

Indicate Certification Year: *(check one)* ☐ Initial Certification ☐ Annual Certification

Property Information
Provide the address where the testing will be performed.

1

Address _____

Building Owner/Owner's Agent
Provide the contact information for the building owner/owner's agent.

2

Name _____

Address _____

Email _____ Phone _____

Contractor and Inspector Information

(a) The contractor must provide their contact information and license number, then sign and date.

(b) The inspector must provide their contact information as well as license and certification numbers.

(c) The inspector must indicate their certification type.

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(a) Contractor Information

Contractor Name _____ Contractor License # _____

Email _____ Phone _____

Contractor Signature _____ Date _____

(b) Inspector Information

Inspector Name _____

Email _____ Phone _____

Sheet Metal License # _____ Certification # _____

(c) Certification Type: (*check one*)

☐ Smoke Control Systems Technician / Engineer (previously Fire Life Safety Level 2 Technician) ☐ Air Balancer*

*If certified as an Air Balancer, indicate the type by checking the corresponding box below:

Associated Air Balance Council (AABC)	☐
Testing & Balancing Bureau (TABB)	☐
National Environmental Balancing Bureau (NEBB)	☐
National Balancing Council (NBC)	☐

Smoke Control System Information

(a) Check all applicable types of smoke containment system.

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(a) Smoke Containment System: (*check all that apply*)

1. Elevator pressurization	☐
2. Stairwell Pressurization[1]	☐
3. Vestibule Pressurization	☐
4. Zoned Smoke Control[2]	☐

[1] Pressurized stairways shall be tested at every floor up to the 20th story. May test every 3rd floor above the 20th story; however, test floors must be alternated in subsequent inspections.
[2] Zoned smoke control systems may be tested at every 5th floor; however, test floors must be alternated in subsequent inspections.

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Smoke Control System Information *cont'd.*

(a.1) Indicate 'Y' (Yes) or 'N' (No) for each component of the smoke containment system.

(b) The inspector must confirm that annual testing was performed and the results have been submitted. Where no testing and operation plan exists, one must be developed by a professional fire protection or mechanical engineer.

Testing and operations plan must be maintained on-site and furnished to the Code Official upon request.

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(a.1) Inspection and Testing of Smoke Containment Components

	Pass? (Y or N)
1. Smoke control components operational and free from defects?	
1.1. Fans	
1.2. Dampers (refer to Damper Certification Form)	
1.3. Ducts	
1.4. Activation / Detection Devices	
1.5. Standby Power	
1.6. Fire Fighters' Smoke Control Station (FSCS)	
2. Smoke containment system activation within 60 seconds of initiation?	
3. Inspection and testing completed under standby power?	
4. All inputs to and outputs from the FSCS tested?	
5. All doors open and close correctly, including latching, with the smoke control system activated?	
6. Minimum pressure differential of 0.05 in water column across smoke barrier?[1]	

[1] Where the testing and operation plan identifies higher differential value, the design documents of the smoke control system shall govern.

(b) Smoke Management Systems Confirmation

☐ By checking this box, you confirm that annual testing, as outlined in the Commissioning Report, has been completed and the test results are included with this certification submission.

Provide values for the following:

Number of exhaust fans in the smoke management system.	
Indicate the CFM rating for each exhaust fan.	
Indicate the means of makeup air for the smoke management system. (E.g., doors, windows, mechanical systems, etc.)	
All inputs to and outputs from the FSCS tested.	☐ Yes ☐ No

Declaration & Signature

By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the Building Owner/Manager for corrective action.

The Deficiency Form (TP_003_F) shall be submitted to the Department of Licenses and Inspections when deficiencies are not corrected within 90 days.

Signature of Inspector _____ **Date** _____

Signature of Building Owner/Owner's Representative _____ **Date** _____